

ICM CERTIFICATION FOR _____
(producer)

Tract: _____ County: _____ Date: _____

Crop: _____ Field Number(s): _____ Acres: _____

1. Anticipated Yield Goal from FL-590JS _____

2. Attach a copy of soil test to this sheet.

3. Soil Amendments Applied

Fertilizer Analysis	Amount Applied (lbs/ac)	Date Applied (optional)

4. Dates of Pest Scouting: _____

5. Pesticides Used

Type of Pesticide	Amount Applied (lbs/ac)	Target Pest(s)

6. Crop(s) grown last year _____, planned for next year _____

7. Field irrigated YES _____ NO _____ (If Yes Complete the rest of form)

Date(s) Irrigated _____ Length of Time (hours) _____

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Method to Determine When to Start Irrigation: ____ Feel and Appearance ____ Tensiometer
____ Observation Wells ____ Moisture Balance Sheet ____ Other (Describe on back of form.)

I certify that the information provided is correct and I have followed the Integrated Crop Management (ICM) plan as provided by IFAS/Consultant:

(Producer's Signature)

(Date)